

The Lowcountry Responds...

Community Movement and Opportunities

Community Health Improvement Process (2016)¹:

As of May 2016, 11 of 11 counties are using the Community Health Improvement Toolkit.

- Phase 3.....1 county (Dorchester)
- Phase 4.....1 county (Bamberg)
- Phase 69 counties (Allendale, Beaufort, Berkeley, Calhoun, Charleston, Colleton, Hampton, Jasper, & Orangeburg)

Healthy Eating Initiatives



REFERENCES:

1. South Carolina Department of Health and Environmental Control (SCDHEC) Community Health Assessment.
2. US Bureau of Labor Statistics.
3. County Health Rankings.
4. CDC. High School Youth Risk Behavior Surveillance System (YRBSS).
5. SC Law Enforcement Division (SLED) and SC Department of Public Safety. Crime in South Carolina.
6. Fatality Analysis Reporting System (FARS).
7. Feeding America. Current Population Survey.
8. SC Tobacco-Free Collaborative.
9. SCDHEC. STD/HIV/AIDS Data Surveillance Report.
10. SCDHEC. Behavioral Risk Factor Surveillance System (BRFSS).
11. United States Department of Agriculture. Food Environment Atlas.
12. CDC. Chronic Disease Cost Calculator.
13. South Carolina Community Assessment Network. SCDHEC: Division of Biostatistics.

Snapshot Generated By: Bureau of Community Health and Chronic Disease Prevention

In Focus:

Colleton County - Doodle Hill Community Garden

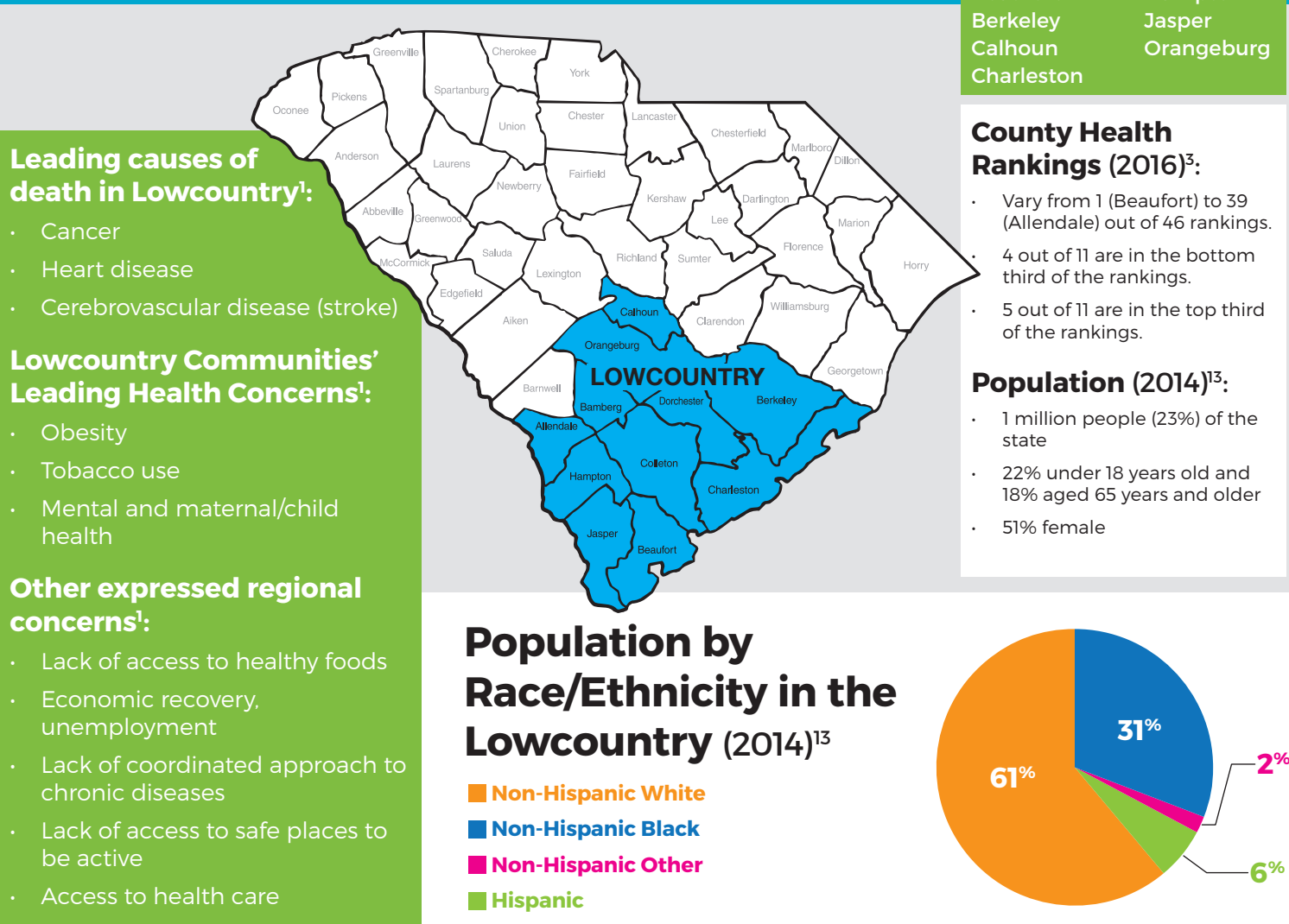
In 2012, more than **40 percent of adults** in Colleton County, SC reported that they were **obese**, according to the CDC. For many Colleton County residents, **access to fresh fruits and vegetables is challenging**. According to the USDA's food desert map, most of the county's **residents live more than 10 miles from the nearest supermarket** and many have limited access to transportation, and twenty-one percent of the **population live below the poverty line**.

Through funding from the Healthy South Carolina Initiative (HSCI) in 2013, **a network of 15 community gardens** were established in Colleton County. The gardens reach across the county and have been sustained through a **partnership with the agriculture department of a local vocational school**. Gardens can be found at many types of places around the county including at **schools, churches and even at the county's only hospital**. To date, the community gardens have provided fresh produce to **at least 500 residents**. Due to the success of the gardens, the City of Walterboro adopted a resolution to support a garden in the Doodle Hill community, an underserved neighborhood.

Dedicated in May 2012, the Doodle Hill Garden **provides fresh produce** to the neighborhood in a location convenient to the residents. Other far-reaching effects are anticipated as well. The gardens have created a **sense of community cohesiveness and have taught leadership skills** to those who participate in tending the gardens. Community gardens are recognized by many police departments as an **effective community crime prevention strategy** as well.

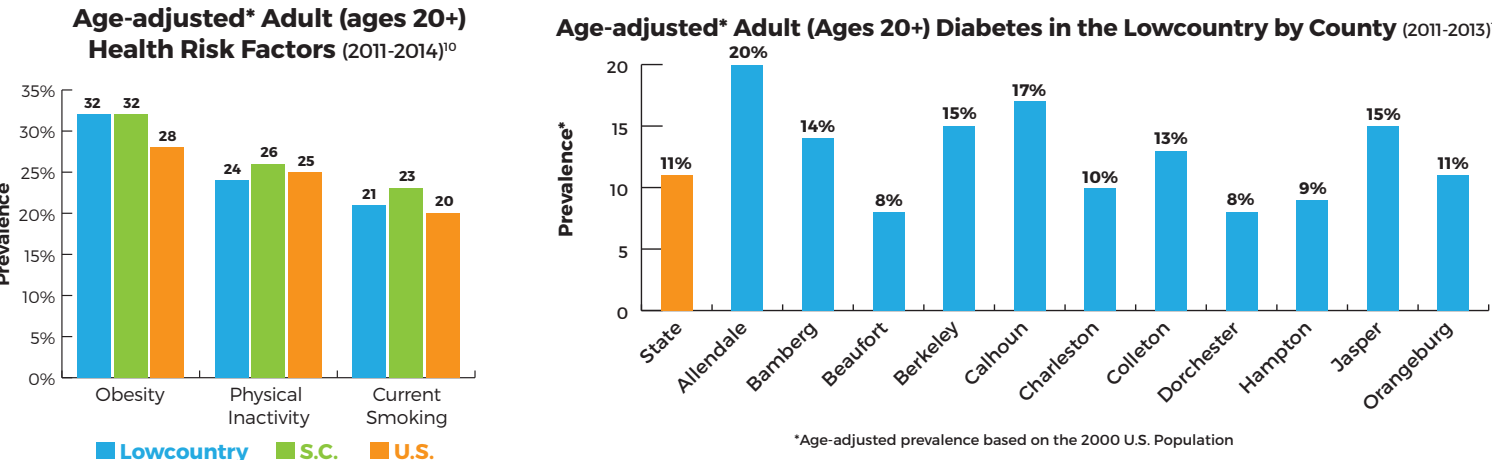
2016 Region Work Plan, Success Story

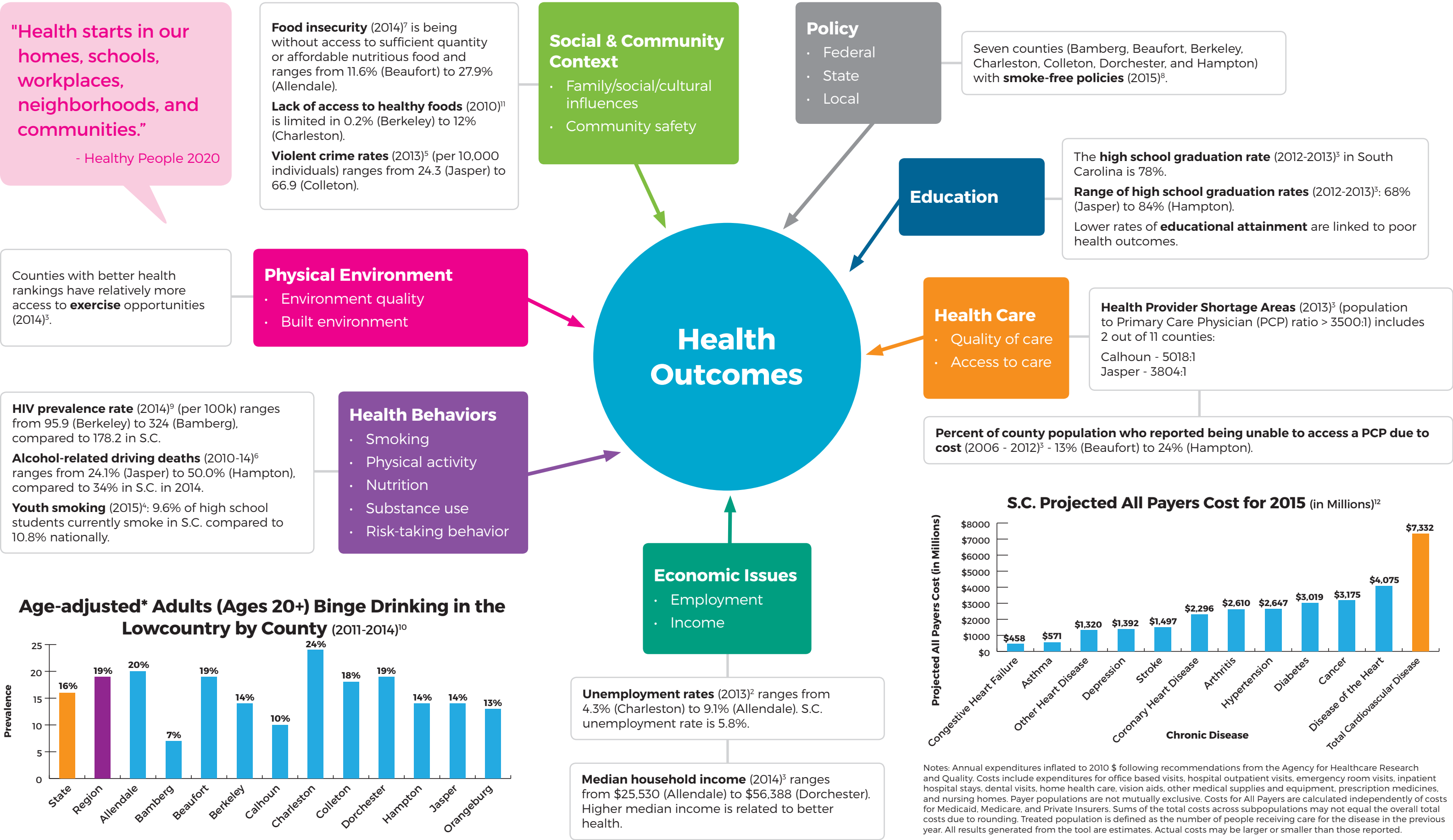
South Carolina Public Health Region Snapshot: Lowcountry 2016



Age-Adjusted Prevalence of Contributing Risk Factors for Adults (Ages 20+) in the Lowcountry (2011-2014)¹⁰

Obesity: 24.8% (Beaufort) - 47.6% (Allendale)
Diabetes: 8.3% (Dorchester) - 20.0% (Allendale)
Physical inactivity: 18.0% (Beaufort) - 38.4% (Allendale)
Current smoking: 17.6% (Beaufort) - 27.8% (Colleton)





The Midlands Responds...

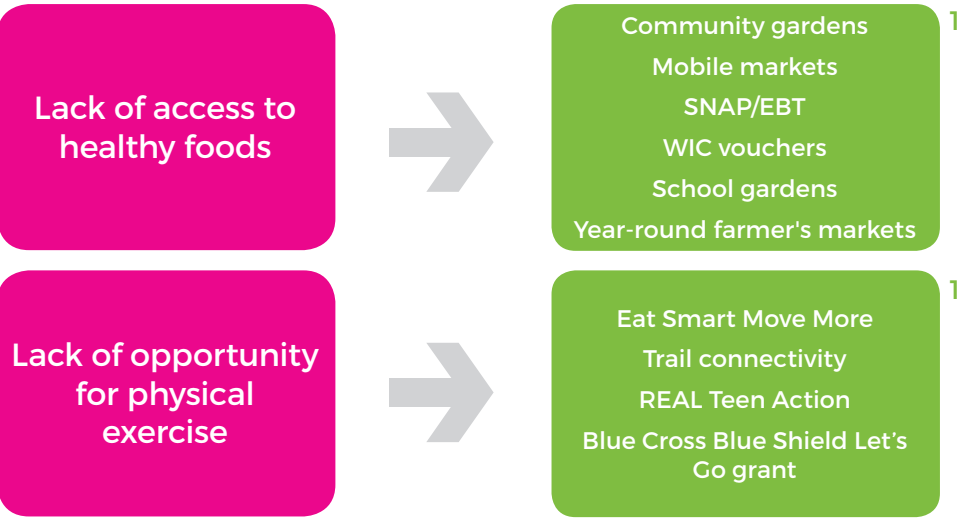
Community Movement and Opportunities

Community Health Improvement Process (2016)¹:

As of May 2016, 12 of 12 counties are using the Community Health Improvement Toolkit.

Phase 1.....	1 county (Edgefield)
Phase 5-6.....	6 counties (Aiken, Fairfield, Lancaster, Newberry, Richland, & Saluda)
Completed all phases.....	5 counties (Barnwell, Chester, Kershaw, Lexington, & York)

Healthy Eating and Active Living Initiatives



REFERENCES:

1. South Carolina Department of Health and Environmental Control (SCDHEC) Community Health Assessment.
2. US Bureau of Labor Statistics.
3. County Health Rankings.
4. CDC. High School Youth Risk Behavior Surveillance System (YRBSS).
5. SC Law Enforcement Division (SLED) and SC Department of Public Safety. Crime in South Carolina.
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12. CDC. Chronic Disease Cost Calculator.
13. South Carolina Community Assessment Network. SCDHEC: Division of Biostatistics.

In Focus:

Fairfield

The **REAL Teen Action/HYPE Project Team** was developed by Fairfield Behavioral Health Services during the 2011-2012 school term. REAL Teen Action is a spin-off of the Keepin' It REAL (Refuse, Explain, Avoid, Leave) evidence-based curriculum that the organization delivers in schools. **HYPE**, which stands for *Healthy Young People Empowerment Project*, was added during the 2012-2013 school year as a result of the Healthy South Carolina Initiative (HSCI). Fairfield Behavioral Health Services received a grant under the umbrella of Fairfield Community Health Partners. The group was renamed the REAL Teen Action/HYPE Project Team, created to raise their voices to say NO to drugs and violence and YES to healthy eating and active living.

HYPE is designed to build the skills of youth so that they can become a greater voice in their communities for healthy eating and active living through policy, systems, and environmental (PSE) change. HYPE is a five-phased approach to youth empowerment: **Think, Learn, Act, Share and Evaluate. Phase I Think:** A process of critical thinking that will build their awareness and interest in healthy eating/active living, and PSE change. **Phase II Learn:** Culturally and age-appropriate training so they can be effective champions for change. **Phase III Act:** Identify, plan and actively engage in a grassroots youth-led efforts to create PSE change. **Phase IV Share:** Report their projects to community stakeholders and peers. **Phase V Evaluate:** Evaluate the process and outcomes of the HYPE project to ensure all goals are met.

2016 Region Work Plan, Success Story

South Carolina Public Health Region Snapshot: Midlands 2016

Aiken	Fairfield	Newberry
Barnwell	Kershaw	Richland
Chester	Lancaster	Saluda
Edgefield	Lexington	York

Leading causes of death in Midlands¹:

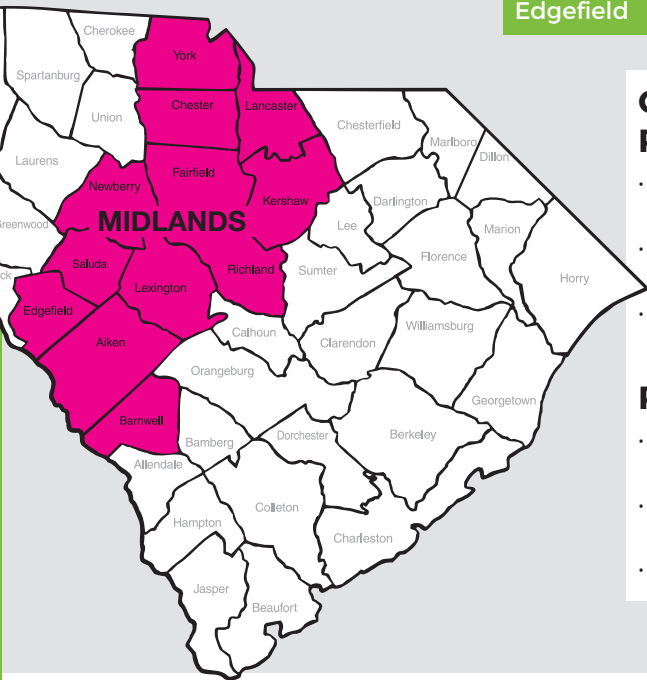
- Heart disease
- Cancer
- Chronic lung disease

Midland Communities' Leading Health Concerns¹:

- Obesity
- Substance abuse
- Diabetes

Other expressed regional concerns¹:

- Lack of access to healthy foods
- Lack of safe and accessible opportunities for physical activity
- Low educational attainment, literacy and employment
- Poor health literacy



County Health Rankings (2016)³:

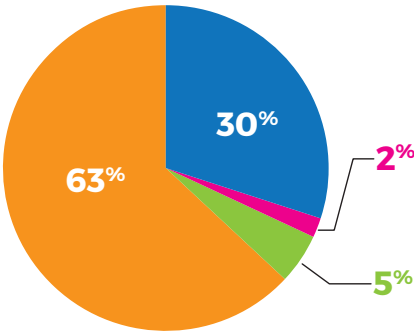
- Vary from 3 (York) to 41 (Barnwell) out of 46 rankings.
- 3 out of 11 are in the bottom third of the rankings.
- 5 out of 11 are in the top third of the rankings.

Population (2014)¹³:

- 1.4 million people (29%) of the state
- 23% under 18 years old and 14% aged 65 years and older
- 51% female

Population by Race/Ethnicity in the Midlands (2014)¹³

- Non-Hispanic White
- Non-Hispanic Black
- Non-Hispanic Other
- Hispanic



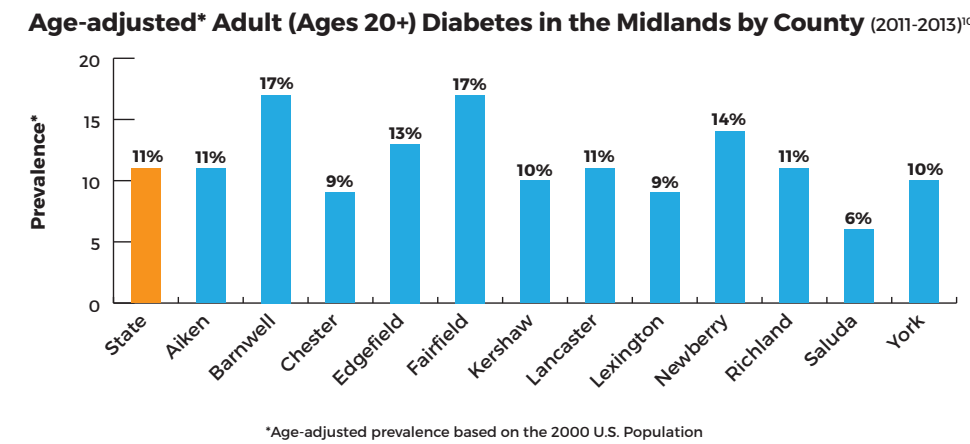
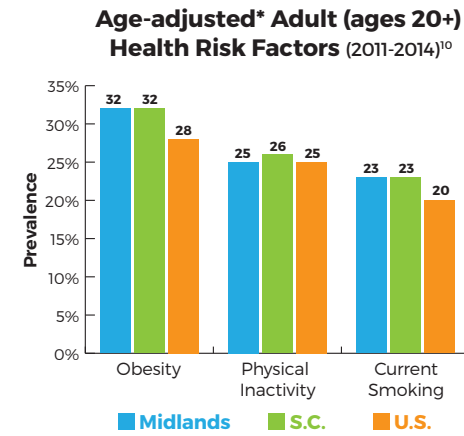
Age-adjusted Prevalence of Contributing Risk Factors for Adults (Ages 20+) in the Midlands (2011-2014)¹⁰

Obesity: 27.3% (York) - 40.4% (Chester)

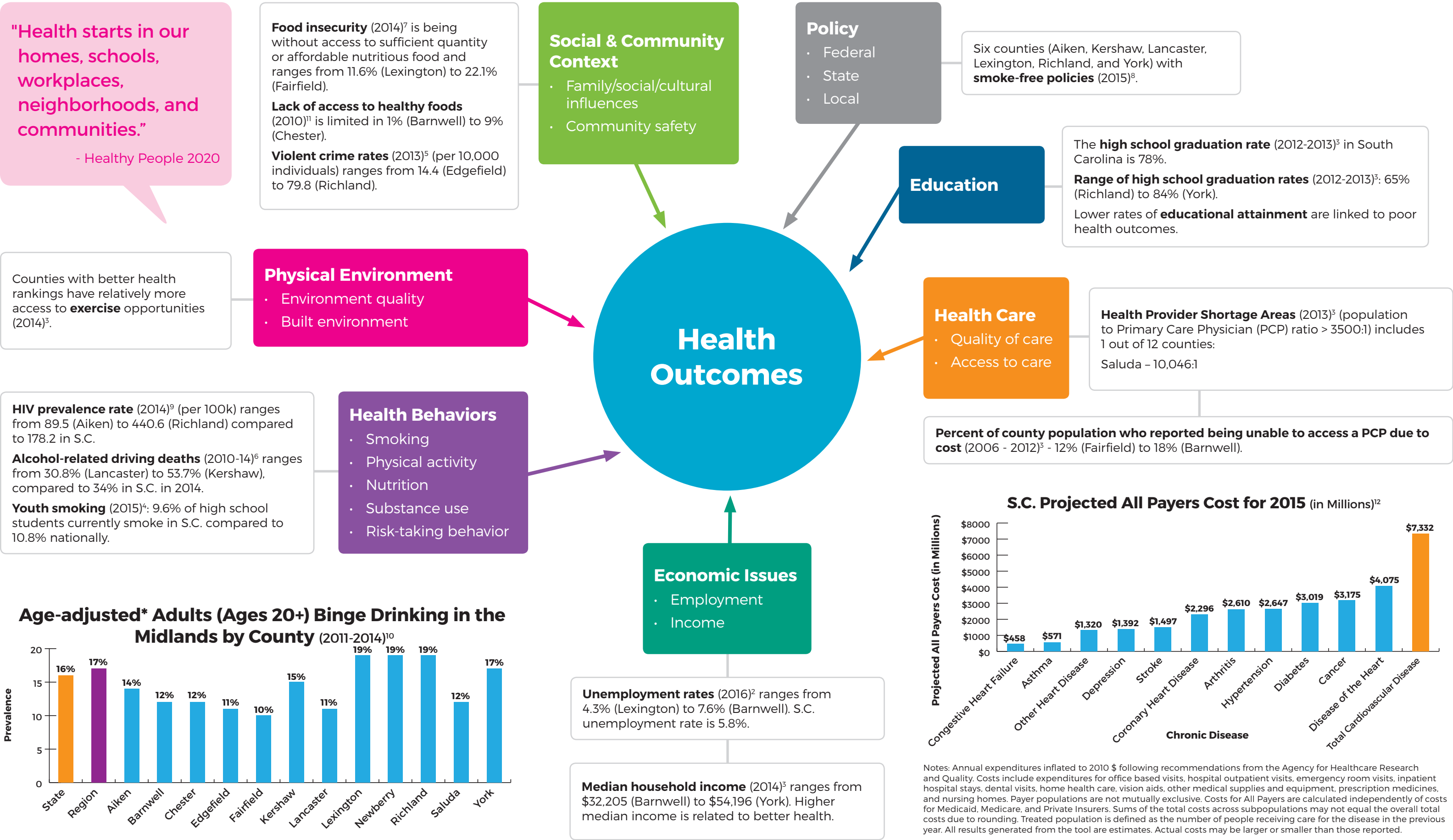
Diabetes: 5.9% (Saluda) - 16.9% (Fairfield)

Physical inactivity: 19.3% (York) - 37.0% (Chester)

Current smoking: 15.0% (Fairfield) - 31.7% (Newberry)



¹⁰Age-adjusted prevalence based on the 2000 U.S. Population



The Pee Dee Responds...

Community Movement and Opportunities

Community Health Improvement Process (2016)¹:

As of May 2016, 11 of 12 counties are using the Community Health Improvement Toolkit.

- Not Engaged1 county (Darlington)
- Phases 1-3 4 counties (Florence, Georgetown, Marion, & Marlboro)
- Phases 4-6 5 counties (Chesterfield, Clarendon, Dillon, Lee, & Sumter)
- Completed ALL Phases..... 2 counties (Horry & Williamsburg)

Healthy Eating and Active Living Initiatives



REFERENCES:

- South Carolina Department of Health and Environmental Control (SCDHEC) Community Health Assessment.
- US Bureau of Labor Statistics.
- County Health Rankings.
- CDC. High School Youth Risk Behavior Surveillance System (YRBSS).
- SC Law Enforcement Division (SLED) and SC Department of Public Safety. Crime in South Carolina.
- Fatality Analysis Reporting System (FARS).
- Feeding America. Current Population Survey.
- SC Tobacco-Free Collaborative.
- SCDHEC. STD/HIV/AIDS Data Surveillance Report.
- SCDHEC. Behavioral Risk Factor Surveillance System (BRFSS).
- United States Department of Agriculture. Food Environment Atlas.
- CDC. Chronic Disease Cost Calculator.
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Snapshot Generated By: Bureau of Community Health and Chronic Disease Prevention

In Focus: Lee County Residents Rally to Address Obesity

Issue

In 2012, about 70 percent of Lee County's population was considered overweight or obese. The lack of exercise, poor eating habits, and limited access to healthy foods are partially responsible for health issues such as hypertension, diabetes and other chronic diseases. The Lee County Rural Area Leadership Institute (RALI) realized the impact of chronic disease among residents in Lee County, especially African Americans. Their decision to share their stories about farming and the health benefits of eating fresh fruits and vegetables has encouraged many residents to eat healthier. Obesity continues to have a devastating impact on residents in rural Lee County. The following statistics are alarming:

- About 69 percent of adults in the county are considered as physically inactive.
- About 83 percent of the county's population eats less than 5 servings of vegetables and fruits daily.
- According to a local health survey, the majority of residents (54 percent) felt that healthy eating and active living resources were inadequate in the county.

To address the burden of obesity, Lee County Rural Area Leadership Initiative and Interagency Council have created successful community partnerships with various organizations and agencies to improve healthy eating and active living in the county.

Intervention

In 2013, Lee County Rural Area Leadership Institute and Interagency Council received funding from the Healthy South Carolina Initiative (HSCI) to assess issues focused on healthy eating and active living. This group of representatives from local health and human service agencies, the school district, First Steps, local farmers and other non-profit organizations used the resources provided by the HSCI to make it possible for the group to address local problems through local solutions. The follow strategies were implemented by these groups:

- rallied local farmers to address the need for more access to healthy foods;
- partnered with community organizations to address the need for community gardens;
- conducted a county-wide survey to identify problems surrounding healthy eating and active living; and,
- partnered with Clemson University Extension Service and the SC Department of Agriculture to identify training needs of local residents and farmers to improve access to healthy foods.

Impact

As a result, the following successes have occurred:

- more than 25 residents and organization representatives received community garden training provided by Clemson University Cooperative Extension Service;
- developed a comprehensive plan to implement healthy eating and active living strategies in the county and conducted a community survey with over 450 completed;
- established 7 community gardens in Lee County which includes two church gardens; and,
- established a farm and garden committee to share successes, member recruitment and provide linkages to healthy living eating and active living resources in the county.

2016 Region Work Plan, Success Story

South Carolina Public Health Region Snapshot: Pee Dee 2016

Chesterfield	Florence	Marion
Clarendon	Georgetown	Marlboro
Darlington	Horry	Sumter
Dillon	Lee	Williamsburg

Leading causes of death in Pee Dee¹:

- Cancer
- Heart disease
- Chronic lower respiratory disease

Pee Dee Communities' Leading Health Concerns¹:

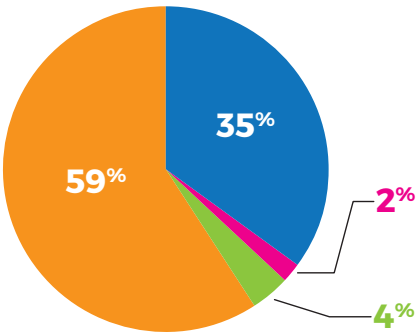
- Obesity
- Hypertension
- Coronary Heart Disease
- Diabetes
- Cancer

Other expressed regional concerns¹:

- Lack of access to healthy foods
- Lack of safe and accessible opportunities for physical activity

Population by Race/Ethnicity in the Pee Dee (2014)¹³

- Non-Hispanic White
- Non-Hispanic Black
- Non-Hispanic Other
- Hispanic



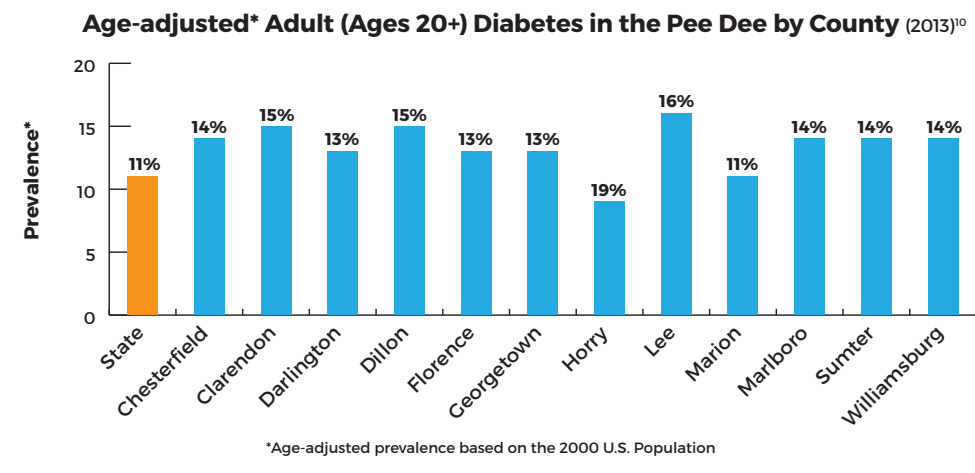
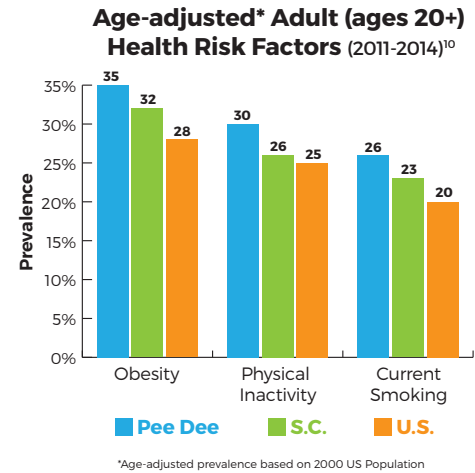
Age-adjusted Prevalence of Contributing Risk Factors for Adults (Ages 20+) in the Pee Dee (2011-2014)¹⁰

Obesity: 29.5% (Horry) - 50.2% (Lee)

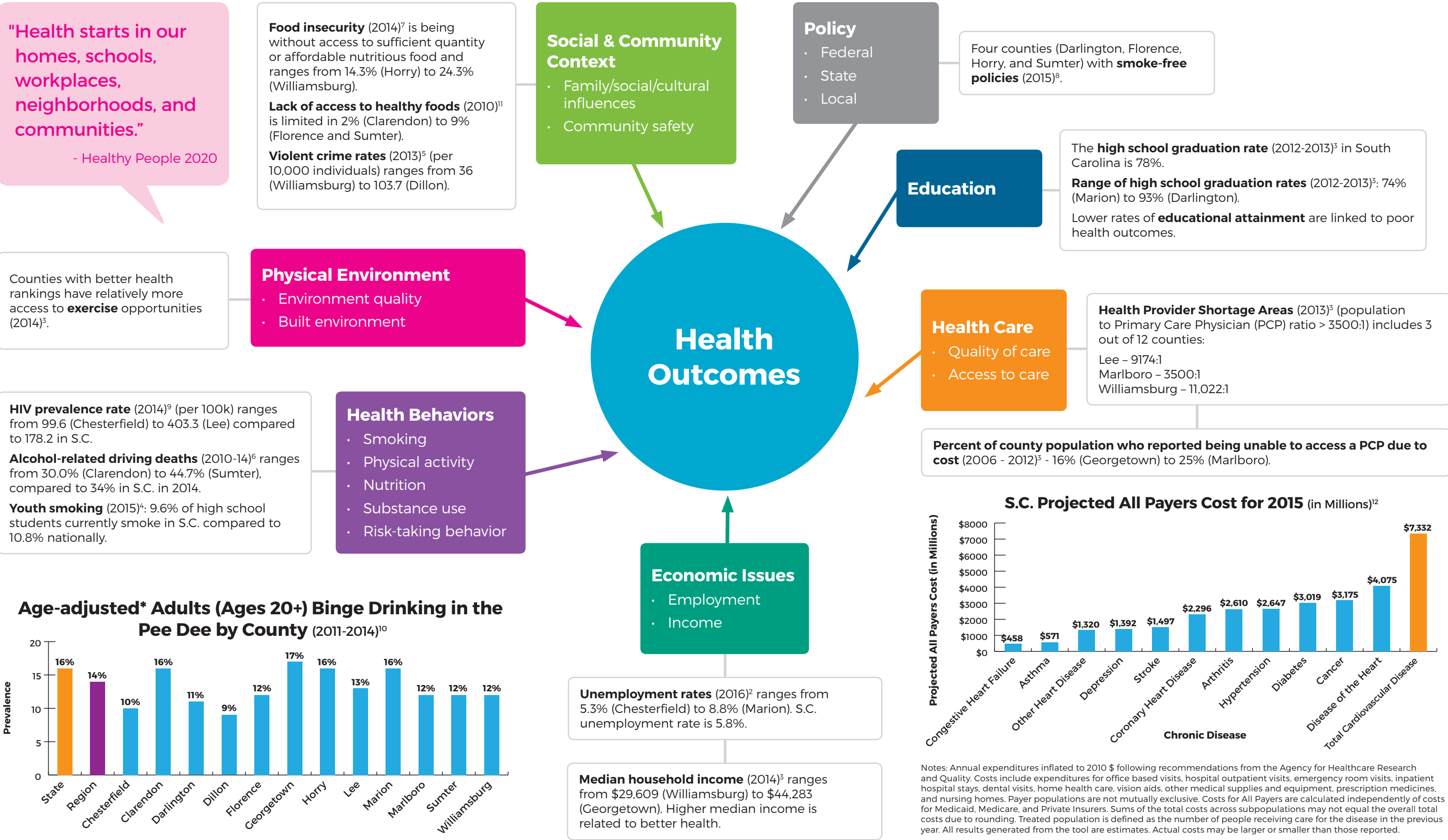
Diabetes: 9.0% (Horry) - 16.0% (Lee)

Physical inactivity: 26.3% (Horry) - 39.8

Current smoking: 19.6% (Williamsburg) - 30.7% (Dillon)



*Age-adjusted prevalence based on the 2000 U.S. Population



The Upstate Responds...

Community Movement and Opportunities

Community Health Improvement Process (2016)¹:

As of May 2016, 11 of 11 counties are using the Community Health Improvement Toolkit.

- Phase 1..... 2 counties (Abbeville & McCormick)
- Phases 4-5..... 2 counties (Pickens & Union)
- Phase 6 7 counties (Anderson, Cherokee, Greenville, Greenwood, Laurens, Oconee, & Spartanburg)

Healthy Eating and Active Living Initiatives



REFERENCES:

1. South Carolina Department of Health and Environmental Control (SCDHEC) Community Health Assessment.
2. US Bureau of Labor Statistics.
3. County Health Rankings.
4. CDC. High School Youth Risk Behavior Surveillance System (YRBSS).
5. SC Law Enforcement Division (SLED) and SC Department of Public Safety. Crime in South Carolina.
6. Fatality Analysis Reporting System (FARS).
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8. SC Tobacco-Free Collaborative.
9. SCDHEC. STD/HIV/AIDS Data Surveillance Report.
10. SCDHEC. Behavioral Risk Factor Surveillance System (BRFSS).
11. United States Department of Agriculture. Food Environment Atlas.
12. CDC. Chronic Disease Cost Calculator.
13. South Carolina Community Assessment Network. SCDHEC: Division of Biostatistics.

In Focus: Greenville

Park Hop is a scavenger hunt developed in partnership between **LiveWell Greenville's At Play Workgroup** and the parks and recreation agencies throughout Greenville County. It seeks to raise individuals' awareness, appreciation, and access to parks in Greenville County in order to help reduce the incidence of chronic disease in residents. During the scavenger hunt, children and families visit and answer clues within each park. Using a printed passport or mobile app, families can track their progress in hopes to win one of the many prizes. This year 575 adults and 1200 children registered via mobile application and 2,278 park visits were recorded. The closing celebration takes place on August 16.

Cherokee

Eat Smart Move More Cherokee County (ESMMCC), part of KNOW2 Cherokee County, is working to address the rising childhood obesity rates and unhealthy environments. On March 4, 2015, thanks to the coordinated efforts of the local schools, KNOW2 Cherokee County, ESMMCC, the media, local government and community members, five schools participated in **"Walk to School Day."** With more than 400 participants, Alma Elementary School was awarded the first annual **KNOW2 Golden Shoe Award**. The local city council held a presentation about Walk to School Day to highlight the need for policies to support a healthy and safe environment for children.

2016 Region Work Plan, Success Story

South Carolina Public Health Region Snapshot: Upstate 2016

Abbeville	Greenwood	Pickens
Anderson	Laurens	Spartanburg
Cherokee	McCormick	Union
Greenville	Oconee	

Leading causes of death in Upstate¹:

- Cancer
- Heart disease
- Accidents

Upstate Communities' Leading Health Concerns¹:

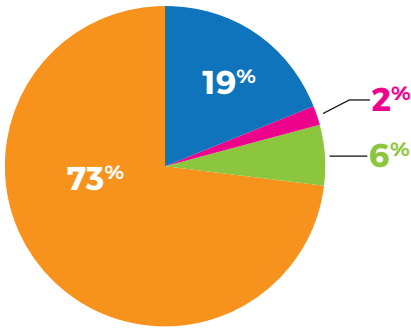
- Cancer
- Heart disease
- Obesity
- Diabetes
- Access to health care
- Maternal/child health
- Tobacco/substance abuse

Other expressed regional concerns¹:

- Limited access to medical care due to cost/insurance, inconvenient hours, lack of transportation
- Aging population
- Education levels
- Poverty/lack of jobs

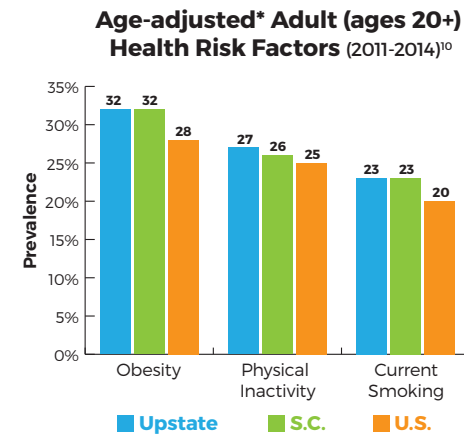
Population by Race/Ethnicity in the Upstate (2014)¹³

- Non-Hispanic White
- Non-Hispanic Black
- Non-Hispanic Other
- Hispanic

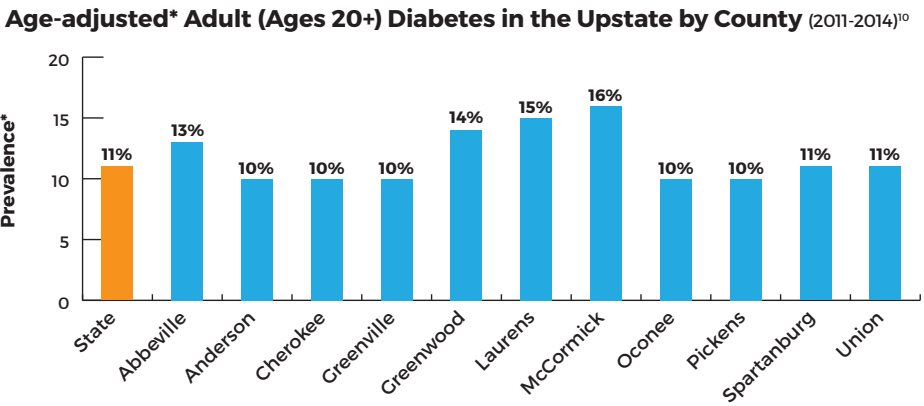


Age-adjusted Prevalence of Contributing Risk Factors for Adults (Ages 20+) in the Upstate (2011-2014)¹⁰

Obesity: 28.9% (Spartanburg) - 42.2% (Abbeville) Diabetes: 10.0% (Cherokee) - 16.2% (McCormick)
Physical inactivity: 22.5% (Pickens) - 38.2% (McCormick) Current smoking: 19.6% (Pickens) - 30.5% (Cherokee)



*Age-adjusted prevalence based on 2000 US Population



*Age-adjusted prevalence based on the 2000 U.S. Population

